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Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 7814

<b>SERIAL NUMBER</b> 09/254,966	<b>FILING DATE</b> 03/16/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> MO-5092/LEA
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP97/04866 09/08/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 196 38 044.8 09/18/1996

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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400 MORGAN LANE  
WEST HAVEN, CT 06516-4175

**TITLE**

IMMUNOGENIC PEPTIDES OF FOOT-AND-MOUTH DISEASE VIRUSES

**FILING FEE  
RECEIVED**  
978

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit